

FOR OFFICE USE ONLY:

Version #

APP # 700612

Agency Information

(Carefully read the instructions before completing this form)

1. Agency Information

- | | | | | |
|----|--|--|---|-------------------|
| a. | Agency Name | Rescue 3 Inc. | | |
| b. | Organizational Unit | | | |
| c. | Address | PO Box 1059 | | |
| e. | City | Ridgecrest | State | CA Zip 93556-1059 |
| f. | Federal Id Number | 23-7028969 | DUNS Number | |
| g. | Agency fiscal year (begining month and day) | January-01 | | |
| h. | Agency Type (Please check one) | | | |
| | <input type="radio"/> City | <input type="radio"/> County | <input type="radio"/> U.S. Forest Service | |
| | <input type="radio"/> U.S. Forest Service - Patrol District | <input type="radio"/> U.S. Bureau of Land Management | <input type="radio"/> Other Federal Agency | |
| | <input type="radio"/> Federally Recognized Native American Tribe | <input type="radio"/> Educational Institution | <input checked="" type="radio"/> Nonprofit Organization - 501(c)(3) status only | |
| | <input type="radio"/> State Agency | <input type="radio"/> District | | |

2. Project Information

- | | | | |
|----|---|----------------------------------|---|
| a. | Project Name | General Application Requirements | |
| b. | Is implementing agency same as Agency (Please select Yes or No) | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| c. | Implementing Agency Name | | |
| d. | Amount of Funds Requested | Project Cost | |

Project Request(s) Summary

#	Project Type	Project Title	Grant Request	Match	Total Project Cost
1	G09-04-20-S01	Education & Safety	39,000	169,000	208,000

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3. Contact

a. Project Administrator

Name	John Bartolotti				
Title	Grants Program Manager				
Mailing Address	5040 N. Greenpark Ave				
City	Covina	State	CA	Zip	91724
Telephone	(626) 945-6177			Fax	
E-mail Address	jpbart@msn.com				

b. Authorized Representative

Name	Marc Nelissen				
Title	Chief Executive Officer				
Mailing Address	34494 ave H				
City	Yucaipa	State	Ca	Zip	92399
Telephone	(909) 289-8730			Fax	
E-mail Address	mnelissen@verizon.net				

Location Map

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A. Location Map

Equipment Inventory

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A. Equipment Inventory

Has your agency purchased any Equipment with OHV Trust Funds within the last five (5) ☐ Yes ☒ No
years? (Please select Yes or No)

#	Item Description	Make	Model	Model Year	Vehicle Identification Number (VIN) or Serial Number	Project Agreement Number

Habitat Management Program (HMP)

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PART 1 - ITEM 1. DETERMINE THE NEED FOR FULL FULL HABITAT MANAGEMENT PROGRAM (HMP)

All Applicants submitting Projects involving Ground Disturbing Activities are subject to HMP requirements. The HMP must cover the combined Project Area of all proposed Projects with Ground Disturbing Activities.

Applicants able to certify that none of the proposed activities listed in the Application in areas open to legal OHV Recreation contain any risk factors to special-status species and/or sensitive habitats shall submit only HMP Part 1. Applicants who cannot certify that the proposed activities listed in the Application in areas open to legal OHV Recreation do not contain any risk factors to special-status species and/or sensitive habitats shall submit HMP Parts 1 and 2.

1. Do any of your proposed projects involve Ground Disturbing Activities? (Please select Yes or No) ☐ Yes ☒ No
2. Can the Applicant certify that none of the proposed Projects with Ground Disturbing Activities in areas open to legal OHV Recreation contain any risk factors to special-status species and/or sensitive habitats? (If you checked 'Yes', you are done with HMP) (Please select Yes or No) ☐ Yes ☐ No

PART 2 - RISK ANALYSIS, MANAGEMENT PROGRAM AND REPORTING

PART 2 - Section I. Summary of HMP Changes

Has the Applicant previously submitted a HMP Part 2 that is currently in use in the proposed Project Area? (Please select Yes or No) ☐ Yes ☐ No

Table 1 - Summary of HMP Changes

Changes from Previous Year	Section Where Change Occurs

PART 2 - Section II - Special Status Species

Table 2 - Table of All Special-Status Species and Any Other Species of Local Concern That Were Considered for Inclusion in the HMP

Species	Listing Status	Habitat	Potential for Occurrence	Addressed by HMP? If not explain why?

PART 2 - Section III - Map(s) of Project Area

PART 2 - Section IV. - Management/Monitoring Program by Species and Sensitive Habitat

PART 2 - Section IV. - Management/Monitoring Program by Species and Sensitive Habitat - Table 3

Table 3 - Data (Including Baseline Data) and Management Program for Species and/or Sensitive Habitats

Species/Habitat	Known Information	Methodology	Concerns / Risks / Uncertainties	Management Objective(s)	Management Action(s)	Success Criteria

PART 2 - Section IV. - Management/Monitoring Program by Species and Sensitive Habitat - Table 4

Table 4: Summary of HMP Monitoring Program

Species/Habitat	Change Detection Methodology	Effectiveness Monitoring Methodology, Including Triggers	Identify Any Applicable Validation Monitoring (Focused Studies)

PART 2 - Section IV. - Management/Monitoring Program by Species and Sensitive Habitat - Table 5

Table 5. Management Review and Response; Adaptive Management

Monitoring Methodology	How Monitoring Information Will Inform Management	How Data Will Be Analyzed	Management Response to Identified Triggers	Who Will Plan Management Response

PART 2 - Section V. - Previous Year's Monitoring Results and Management Actions Based on Monitoring Results

PART 2 - Section V. - Previous Year's Monitoring Results and Management Actions Based on Monitoring Results - Table 6

Table 6: Previous Year's Monitoring Results

Monitoring Accomplishments	Results	Were Objectives and Success Criteria Achieved?

PART 2 - Section V. - Previous Year's Monitoring Results and Management Actions Based on Monitoring Results - Table 7

Table 7: Management Actions Based on Monitoring Results

Management Actions	Species/ Habitat	Date Completed or Planned - mm/dd/yyyy	Changes Needed to HMP

PART 2 - Section V. - Previous Year's Monitoring Results and Management Actions Based on Monitoring Results - Table 8

Table 8 Management Actions Taken in Response to HMP-related Public Concerns

Concern Raised by Public	Actions Taken to Address the Concern

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Soil Conservation

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A. Soil Conservation

- a. Do any of your proposed projects involve Ground Disturbing Activities? (Please select Yes or No) ☐ Yes ☒ No

B. Soil Conservation Plan

Public Review Process

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A. Public Notification Efforts

Check all that apply: (Please select applicable values)

- ☐ Notice to interested Parties/Groups (Enter date in mm/dd/yyyy format)
- ☒ Published on Applicant's Website (Enter date in mm/dd/yyyy format) [03/02/2010]
- ☐ Published in Newspaper
- ☐ News Release Issued
- ☒ Public Meeting(s) Hearing(s) Held

B. Public Comments

All of the public comments we recieved fully supported our grant application.

The Division comments asked for a more ddetailed explanation of our program, questioned our training program, per diem program, mileage reimbursement program and 2 points in our evaluation criteria.

Project Description

- A – The applicant may want to provide additional details relative to the activities they propose to do in this project.

Project Cost Estimate

- Others – The cost item "Training" does not appear directly related to the activities identified in the project and/or appears excessive. Applicant may want to provide additional details.
- Others – "Other-Transportation expenses reimbursement" is not an eligible cost.
- Others – "Other-Overnight Expense Reimbursement" is not an eligible cost.

Evaluation Criteria

- #5 – "Electronic Wheelchair" is not a type of OHV Recreation.
- #13 – The project description provided appears to support the item "On special occasions/events only". Applicant may want to verify.

C. Application Development as a result of Public Comments

- a. Were changes mades to the Application as a result of public comments? (Please select ☒ Yes ☐ No
Yes or No)
- b. Describe how public comments affected the Application

After receiving all comments we made a number of changes to our application.

1. Better explained how Rescue 3 works and how it relates to the OHV community.
2. Better explained our training grant, focused on more specific details and lowered the grant request amount.
3. Modified our transportation expenses reimbursement grant to include only the expenses of transporting our Command Post, Lodging trailers and response vehicles. Grant funds will not be used to reimburse volunteer travel expenses and lowered the grant request amount.
4. Removed our grant request for overnight-per diem expenses incurred by volunteers.
5. Modified our evaluation criteria, removing 'Electronic Wheelchair' as a type of OHV recreation.
6. Clarified that Rescue 3 is in fact available through Barstow BLM on a 24/7 basis and not exclusively a special event only group.

Certifications

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1. Applicant Certifications

A. General Conditions

- A. The Applicant hereby certifies, under the penalty of perjury, compliance with the following terms and conditions: ☒
1. If the Project involves a Ground Disturbing Activity, the Applicant agrees to monitor the condition of soils and wildlife in the Project Area each year in order to determine whether the soil conservation standard adopted pursuant to Public Resource Code (PRC), Section 5090.35 and the HMP prepared pursuant to Section 5090.53(a) are being met.
 2. If the Project involves a Ground Disturbing Activity, the Applicant agrees that, whenever the soil conservation standard adopted pursuant to PRC Section 5090.35 is not being met in any portion of a Project Area, the recipient shall close temporarily that noncompliant portion, to repair and prevent accelerated erosion, until the same soil conservation standard adopted pursuant to PRC Section 5090.35 is met.
 3. If the Project involves a Ground Disturbing Activity, the Applicant agrees that, whenever the HMP prepared pursuant to PRC Section 5090.53(a) is not being met in any portion of a Project Area, the recipient shall close temporarily that noncompliant portion until the same HMP prepared pursuant to PRC Section 5090.53(a) is met.
 4. The Applicant agrees to enforce the registration of off-highway motor vehicles and the other provisions of Division 16.5 (commencing with Section 38000) of the Vehicle Code and to enforce the other applicable laws regarding the operation of off-highway motor vehicles.
 5. The Applicant agrees to cooperate with appropriate law enforcement entities to provide proper law enforcement at and around the Facility.
 6. The Applicant's Project is in accordance with local or federal plans and the strategic plan for OHV Recreation prepared by the OHMVR Division.

B. Programmatic Conditions

B. The Applicant must describe the following programmatic conditions:

1. Identify the potential for the facility to reduce illegal and unauthorized OHV Recreation activities in the surrounding areas:
Rescue 3 does not have any OHV facilities.
2. Describe how the Applicant is meeting the operations and maintenance needs of any existing OHV Recreation Facility under its jurisdiction:
Rescue 3 does not have any OHV facilities.

C. Fee Collection

Describe how fees collected pursuant to Section 38230 of the Vehicle Code (in-lieu funds) are utilized and whether the fees complement the Applicant's proposed Project:

D. Compliance with PRC 5090.50(b)(1)(C)

Projects within the O&M category that affect lands identified as inventoried roadless areas by the U.S. Forest Service, are compliant with PRC 5090.50(b)(1)(C). (Please select Yes or No)

☐ Yes ☐ No

2. Governing Body Resolution

Certification - Non Profits / Education

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1. Written Agreement with Land Manager

Attachments:

[Rescue 3 MOU](#)

2. Verification of Nonprofit 501(c)(3) Status

Attachments:

[Publication 78](#)